HEALTH ENROLLMENT ASSESSMENT REVIEW
Questionnaire

Questionnaire

1. Name_____ SSN:_____

2. Do you currently need or take prescription medicine (other than vitamins or birth control pills)?
- ❑ Yes
- ❑ No

3. Are you limited or prevented in any way in doing things most people can do (for example: work, go to school, do housework, socialize, cook, do paperwork)?
- ❑ Yes
- ❑ No

4. Do you have any mental health or emotional problem for which you need or get treatment or counseling?
- ❑ Yes
- ❑ No

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
   a. Accomplished less than you would like
   - ❑ Yes
   - ❑ No

   b. Were limited in the kind of work or other activities
   - ❑ Yes
   - ❑ No

6. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
   a. Accomplished less than you would like
   - ❑ Yes
   - ❑ No

   b. Didn't do work or other activities as carefully as usual
   - ❑ Yes
   - ❑ No

7. How long has it been since you last visited a dentist or other dental health professional for a routine checkup or cleaning?
- ❑ Within the past 6 months
- ❑ 6-12 months
- ❑ 1-2 years ago
- ❑ 3-5 years ago
- ❑ Over 5 years ago
- ❑ Never
- ❑ Don't know

8. Has a doctor ever told you that you have any of the following health conditions? (Please check a box on each line)

   High blood pressure
   - ❑ Yes
   - ❑ No
   - ❑ Don't know

   High cholesterol

- ❑ Yes
- ❑ No
- ❑ Don't know

Heart disease or angina
- ❑ Yes
- ❑ No
- ❑ Don't know

Asthma
- ❑ Yes
- ❑ No
- ❑ Don't know

Diabetes
- ❑ Yes
- ❑ No
- ❑ Don't know

Lower back pain
- ❑ Yes
- ❑ No
- ❑ Don't know

Depression
- ❑ Yes
- ❑ No
- ❑ Don't know

Anxiety
- ❑ Yes
- ❑ No
- ❑ Don't know

Cancer
- ❑ Yes
- ❑ No
- ❑ Don't know

9. On how many of the past 7 days did you exercise or participate in physical activity for at least 30 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- ❑ 0 days
- ❑ 1 day
- ❑ 2 days
- ❑ 3 days
- ❑ 4 days
- ❑ 5 days
- ❑ 6 days
- ❑ 7 days

10. On an average day, how many servings of fruits or vegetables do you eat? A serving size is the size of a deck of cards or 6 ounces of liquid.

- ❑ None
- ❑ 1-2 servings
- ❑ 3-4 servings
- ❑ 5- or more servings

11. Do you now smoke cigarettes…?

- ❑ Every day
- ❑ Some days
- ❑ Not at all

12. Do you use any of the following tobacco products? (check one box on each line)

Cigar
- ❑ No

- ❑ Less than 1 per day
- ❑ One per day
- ❑ 2-5 per day
- ❑ more than 5 per day

Pipe tobacco

- ❑ No
- ❑ Less than 1 per day
- ❑ One per day
- ❑ 2-5 per day
- ❑ more than 5 per day

Smokeless tobacco (chew, snuff)

- ❑ No
- ❑ Less than 1 per day
- ❑ One per day
- ❑ 2-5 per day
- ❑ more than 5 per day

13. How often do you have 6 or more drinks on one occasion?

- ❑ Never in the past 12 months
- ❑ Less than monthly in the past 12 months
- ❑ Monthly in the past 12 months
- ❑ Weekly in the past 12 months
- ❑ Daily or almost daily in the past 12 months

14. To the best of your knowledge, were any of your blood relatives (including living and deceased grandparents, parents, brothers, sisters) ever told by a health care provider that they have the following medical problem?

Heart attack before age 50

- ❑ Yes
- ❑ No
- ❑ Don't know

Diabetes

- ❑ Yes
- ❑ No
- ❑ Don't know

Cancer

- ❑ Yes
- ❑ No

Don't know

15. For males: Do you perform self-testicular exams monthly?

- ❑ Yes
- ❑ No

For females: Do you perform self-breast exams monthly?

- ❑ Yes
- ❑ No

16. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap Smear?

- ❑ Less than 1 year ago
- ❑ 1 year ago
- ❑ 2 years ago
- ❑ 3 or more years ago
- ❑ Never (skip to Q121)
- ❑ Don't know

17. How many different partners did you have sexual intercourse with during the past 12 months?

- ❑ 20 or more
- ❑ 10-19
- ❑ 5-9

- ❑ 2-4
- ❑ 1
- ❑ No sex in the past 12 months

18. How often do you use seat belts when you drive or ride in a car?

- ❑ Always
- ❑ Nearly always
- ❑ Sometimes
- ❑ Seldom
- ❑ Never

19. Over the last 2weeks, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things

- ❑ Not at all
- ❑ Several Days
- ❑ More than half the days
- ❑ Nearly every day

b. Feeling down, depressed , or hopeless

- ❑ Not at all
- ❑ Several Days
- ❑ More than half the days
- ❑ Nearly every day

20. In the past year, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?

- ❑ No
- ❑ Yes